

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

**IN RE: CONSUMER RIGHTS AND CLIENT NEEDS
TECHNICAL ADVISORY COUNCIL**

August 20, 2019
1:30 P.M.
Cabinet for Health and Family Services
Medicaid Commissioner's Conference Room
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

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CHAIR

Miranda Brown
Arthur Campbell
TAC MEMBERS

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Jason Dunn
KENTUCKY VOICES FOR HEALTH

Steve Shannon
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Johnny Callebs
THE COLUMBUS ORGANIZATION

Shatonya Woods
PERSONAL ATTENDANT
FOR ARTHUR CAMPBELL

AGENDA

1. Welcome and Introductions - TAC Chair
2. Approval of Minutes - TAC Members
3. Medicaid "Free Care" Rule - DMS Staff
 - * What is status of the SPA?
 - * Are there current opportunities for stakeholders to be involved in the planning and implementation?
 - * What communications have or will schools, providers and Medicaid families receive? Please share copies of anything that has already been disseminated
4. Kentucky HEALTH - DMS Staff
 - * What is the status of outreach and enrollment?
 - * When will the current regulation be amended to eliminate language that could be used as a disenrollment penalty?
 - * What other changes are being planned/discussed?
5. Mandatory copays - TAC members and DMS staff
 - * Discussion related to reported copay issues:
 - What is the status of changes to KyHealthNet/MMIS screen?
 - Are any additional communications planned to educate providers on screen changes?
 - Are any additional communications planned to educate providers/recipients on collection and turn-away policies based on income?
6. 1915(c) Waivers: re: Stakeholder engagement and rate study - DMS Staff
 - * What are the next steps for redesign?
 - * What is the status of the rate study?
 - * Is there an update on transparency related to the advisory councils?
7. ADA guidelines related to making accommodations for disabled individuals to participate in TAC and/or MAC meetings - TAC members and DMS staff
 - * What is the status of DMS and P&A legal opinions related to making accommodations for personal assistance, transportation and interpretation services?
8. Recommendations for the September 26th MAC meeting
9. Adjournment

1 MS. BEAUREGARD: We can call
2 the meeting to order now. Sharley is still passing
3 around a sign-in sheet. If you haven't had a chance
4 to sign in yet, make sure you do, and please put
5 your email address on the sign-in sheet. I'd like
6 to make sure that we have contact information for
7 everyone who has been regularly attending these
8 meetings. There are some materials at the end of
9 the table if you haven't picked those up yet.

10 So, let's do quick
11 introductions.

12 (INTRODUCTIONS)

13 MS. BEAUREGARD: Welcome,
14 everyone. We have a quorum today, so, that's
15 exciting, and that means that we can approve minutes
16 from last meeting. Arthur, I know you weren't able
17 to attend the last meeting but if you've had a
18 chance to look over the minutes.

19 MR. CAMPBELL: I read them.

20 MS. BEAUREGARD: Great. Does
21 anyone want to make a motion to approve the minutes?

22 MS. BROWN: I can make a
23 motion. I make a motion.

24 MS. BEAUREGARD: Thank you. A
25 second?

1 MR. CAMPBELL: Aye.

2 MS. BEAUREGARD: All in favor,

3 say aye. Any opposed? All right. So, the minutes

4 have been approved from our June meeting.

5 MS. HUGHES: Since we have KI-

6 HIPPA staff here, could we let them go first and,

7 then, they can leave?

8 MS. BEAUREGARD: Sure. We can

9 do that. So, we'll go to Item 4 on the agenda.

10 MS. SHIELDS: Status of

11 outreach and enrollment. We have 129 enrolled

12 persons as of this morning.

13 Our outreach, we have

14 outreached to about 35,000 this month and, then, we

15 will have another outreach of about the same number

16 in September.

17 The regulation is at the

18 Commissioner to sign and, then, it goes through -

19 and I'm not a regulation person, so, I'm sorry - an

20 OLRA.

21 MS. HUGHES: It goes to our

22 Office of Legal Services for them to review and,

23 then, for the Secretary to sign and submit to the

24 LRC.

25 MS. BEAUREGARD: So, is the

1 language currently revised, then?

2 MS. SHIELDS: Yes, ma'am.

3 MS. BEAUREGARD: Okay. We

4 haven't seen the revision.

5 MS. HUGHES: It hasn't been

6 filed yet.

7 MS. BEAUREGARD: It hasn't

8 been filed.

9 MS. HUGHES: No.

10 MS. BEAUREGARD: So, you're

11 saying it's that the revision is being reviewed and

12 will be filed and, then, it will be open again.

13 MS. HUGHES: Yes.

14 MS. BEAUREGARD: I got you. I

15 thought you meant that was going to be the final

16 regulation and it would be closed. So, it's in

17 process of being filed.

18 MS. SHIELDS: Yes, ma'am.

19 MS. BEAUREGARD: Great. Thank

20 you.

21 MS. SHIELDS: Sorry about

22 that.

23 MS. BEAUREGARD: No. That's

24 perfectly fine.

25 MS. SHIELDS: What other

1 changes are being planned or discussed? Right now,
2 it is just our big outreach to get the word out to
3 everyone about the program, to be able to provide
4 those persons speaking about the program with the
5 correct information.

6 We have the one enhancement
7 that went into effect this month - direct deposit -
8 and, then, we will also be reaching out to other
9 populations. We are working with employers,
10 especially the State Personnel Cabinet to get word
11 out to state employees. We are looking at open
12 enrollment periods for employers, so, just a lot of
13 outreach right now.

14 MS. HUGHES: Last week we put
15 several documents geared just for employers out on
16 the KI-HIPP website. I think there's five or six
17 documents and a video, if I'm not mistaken, that is
18 geared just for the employer to share with employees
19 that might qualify for KI-HIPP.

20 MS. BEAUREGARD: Thank you.
21 And I wanted to also just take the opportunity to
22 thank you all, Teresa and other DMS staff for making
23 some changes and talking with us about some of the
24 concerns that we had and questions.

25 We still have some concerns

1 but we do think the materials are more clear than
2 the original version that we saw. I feel like
3 people will have a better idea of what the program
4 is and what their responsibilities would be if they
5 enrolled in the program.

6 We have updated our Explainer
7 and, so, I brought that. Teresa, you can have a
8 copy.

9 MS. HUGHES: And I would like
10 to point out that this document that is being shared
11 is not a DMS document.

12 MS. BEAUREGARD: That's
13 correct and we have our logo on it, so, hopefully
14 that's clear. I just am sharing it because there's
15 interest in it and I wanted you all to see the
16 changes that we had made from the first version.
17 Now that we have more information, we were able to
18 make it more clear as well.

19 We still have some open
20 questions for CMS and for DOI. Most of our
21 questions are related to cost-sharing requirements.
22 There's in the Medicaid Program a 5% max on out-of-
23 pocket spending. So, that's something that we're
24 going to ask CMS about specifically.

25 And, then, with DOI, whenever

1 you typically think of qualifying events that would
2 qualify you to enroll when you're outside of an open
3 enrollment period, for instance, KI-HIPP does create
4 a qualifying event for someone to enroll in their
5 employer insurance when it's outside of the open
6 enrollment period.

7 But DOI is saying that if you
8 were to lose KI-HIPP and for some reason be
9 disenrolled or lose your Medicaid eligibility, that
10 may not create another qualifying event for you to
11 leave your employer insurance.

12 And we want to make sure that
13 people who are low income aren't stuck with these
14 large premium payments that they can't afford, so,
15 trying to get some clarification from DOI on that.
16 I know that's a DOI policy and not Medicaid. So,
17 that's some work that we are doing but we have
18 appreciated DMS being willing to talk with us and
19 answer some questions and that's been very helpful.
20 So, thank you.

21 MS. SHIELDS: You're welcome.
22 We did have a brief meeting with DOI today and asked
23 them again, and they said that as far as someone who
24 is enrolled and, then, they lose disenrollment in
25 the KI-HIPP program, that it's not really their

1 policy but they don't govern employers. So, it
2 would be up to the employer, but, again, feel free
3 to reach out to them but that's just what they told
4 us this morning.

5 MS. BEAUREGARD: So, with the
6 employer plans, that's outside of DOI's purview is
7 what you're saying?

8 MS. SHIELDS: Yes, ma'am.
9 That's what they told us this morning because we
10 went back to get clarification.

11 MS. BEAUREGARD: Okay. Well,
12 and it may be a federal rule. So, we may have to
13 look at the federal rules regarding that, too.

14 MR. GRAY: Somewhere in there,
15 ERISA comes into play. So, DOI would not have
16 jurisdiction over ERISA plans which the majority of
17 the employers in the State of Kentucky are big
18 enough to where they've got ERISA plans and not
19 subject to the Department of Insurance.

20 And, yes, the federal
21 government comes into play with regard to ERISA.
22 You've got COBRA and all those areas, acronyms that
23 impact that piece of it.

24 That's interesting. That's
25 the first time I've heard that that's not a

1 qualifying event when you back out the other way.

2 MR. SHANNON: It's kind of
3 weird. It is going in but not coming out.

4 MS. BEAUREGARD: Yes. You
5 would think that it would be reciprocal or that
6 whatever creates a qualifying event, the opposite of
7 that would create another qualifying event, and
8 that's sort of always been our assumption.

9 MS. HUGHES: Well, just as a
10 guess, I'm wondering if it's because of the fact
11 that Medicaid is always the payor of last resort,
12 so, therefore, if someone has access to insurance.
13 I mean, that's just a guess. I don't know that.

14 MR. SHANNON: If they lose the
15 KI-HIPP, do they become Medicaid eligible?

16 MS. HUGHES: KI-HIPP is
17 Medicaid eligible.

18 MR. SHANNON: Right.

19 MS. BEAUREGARD: Well, so, you
20 would have Medicaid but you would still be
21 potentially paying that employee premium.

22 MS. HUGHES: Two things can
23 happen if you come out of KI-HIPP. You've either
24 lost your employer-sponsored insurance. In that
25 case, you're going to come back into Medicaid. But

1 if you increased your salary to the point where you
2 no longer qualify for Medicaid, then, you're going
3 to come out of KI-HIPP and Medicaid.

4 MR. SHANNON: Right.

5 MS. BEAUREGARD: And you hope
6 that someone can continue to afford that premium and
7 stay insured; but depending on what that cost is and
8 what their salary is, that may be unaffordable and
9 you don't want people to be stuck with especially if
10 it's for a family premium. It could be hundreds of
11 dollars a month. So, that's a concern of ours.

12 And, then, we want to make
13 sure people know that if it's more than 10% of their
14 payment or of their income, I should say, then, they
15 may also be able to enroll instead on the Exchange
16 because the marketplace, for someone who is just
17 above 138% of the Federal Poverty Level, you're
18 almost always going to have a better deal enrolling
19 in a marketplace plan where you get subsidies and
20 premium tax credits.

21 MS. HUGHES: Depending on what
22 your employer benefits are.

23 MS. BEAUREGARD: It depends
24 but almost always.

25 MS. BROWN: Are you saying

1 that KI-HIPP could be used for just a marketplace
2 premium?

3 MS. HUGHES: No.

4 MS. BEAUREGARD: I'm saying
5 that you don't want the employee who is no longer
6 Medicaid eligible to be stuck in an employer plan
7 that is so expensive and doesn't offer any of the
8 cost-sharing assistance that you get in a
9 marketplace plan when you're low income because
10 you're not going to be getting that out-of-pocket
11 assistance.

12 So, some of that is education
13 and some of it may be federal rules or DOI. So,
14 we'll just look into that.

15 Was there anything else about
16 KI-HIPP, any other questions? Do you have any,
17 Miranda?

18 MS. BROWN: Not right now.

19 MS. BEAUREGARD: And, Teresa,
20 was there anything else you wanted to share?

21 MS. SHIELDS: No, ma'am, not
22 today. Like I said, just a lot of outreach. At the
23 same time we put the employer information out there,
24 the updated handbook and so forth is out there also,
25 the most recent approval.

1 MS. HUGHES: And they have a
2 booth at the fair.

3 MS. SHIELDS: Yes, we do.
4 Anybody have anything for me?

5 MS. BEAUREGARD: I don't think
6 we have any other questions. Thank you. Appreciate
7 it.

8 Sharley, are you going to be
9 responding to our other questions, the rest of the
10 information?

11 MS. HUGHES: Yes. We're kind
12 of short-staffed today. It seems like about every
13 day, we're short-staffed.

14 MS. BEAUREGARD: Why don't we
15 finish our Kentucky HEALTH-related questions and
16 then we'll go back up to the Free Care.

17 So, the SUD expansion, do you
18 have any update on implementation?

19 MS. HUGHES: Implementation is
20 now complete. They're just working with--I mean,
21 because it went into effect July 1. They're still
22 working answering questions and so forth as they
23 have come up.

24 I'm not aware of changes being
25 made to the regulations. I haven't heard any of the

1 substance use folks over in Jonathan's office
2 discussing reg changes but I try not to listen too
3 much to what he talks about in his office. So, so
4 far, I mean, I've not heard of any kind of issues
5 with it.

6 MS. BEAUREGARD: Okay. I had
7 heard that from someone but I haven't had a chance
8 to really look into what specific concerns that they
9 had beforehand. So, you don't know of any changes
10 being made?

11 MS. HUGHES: No.

12 MS. BEAUREGARD: Okay. I'll
13 just follow up with that.

14 Does anybody else have
15 questions about substance use disorder and the new
16 services available or the expansion?

17 Any other waiver-related
18 updates?

19 MS. HUGHES: The 1115 Waiver,
20 there's a hearing in October, maybe the 11th or
21 12th, something around that date. The anticipation
22 is that however the Judge rules, the other party is
23 probably going to appeal it. So, right now we're
24 not anticipating really anything being done until
25 probably July of next year.

1 MS. BEAUREGARD: All right.
2 Thank you. Any other questions related to the
3 Kentucky HEALTH Waiver?

4 Let's go back up to the
5 Medicaid Free Care Rule. I know that originally I
6 think Lee Guice was anticipating that the SPA would
7 be approved by the end of July.

8 MS. HUGHES: They have issued
9 a Request for Additional Information and we're
10 working with CMS continuing to get that approved.
11 There has to be some study done with KDE, the
12 Kentucky Department of Education, in order to be
13 able to actually I think complete it.

14 MS. BEAUREGARD: Is it for
15 billing purposes, related to billing?

16 MS. HUGHES: It's some kind of
17 time study type thing that they have to do.
18 Honestly and truly, I'm not familiar with what it
19 is.

20 MR. DUNN: Is it a Random
21 Moment Time Study?

22 MS. HUGHES: That's it. I
23 knew it was something time study. So, we're working
24 with that.

25 MS. BEAUREGARD: Do you know

1 about how long that might take?

2 MS. HUGHES: No.

3 MS. BEAUREGARD: Okay. So,
4 for now, the implementation, it's not happening, I
5 guess, for the school year?

6 MS. HUGHES: No. It's
7 continuing. It will be effective as of July 1 when
8 they go--or August 1st I think was the date we put
9 on it. So, we're moving forward as if it was
10 implemented.

11 MS. BEAUREGARD: So, schools
12 can bill now for free care?

13 MS. HUGHES: Well, if they're
14 up and running. I don't know how many schools are
15 currently taking advantage of this at this point in
16 time. I've not been involved in those calls.

17 I know that the Deputy
18 Secretary and Lee and I think some other folks,
19 possibly the Commissioner have attended various
20 association meetings throughout the summer such as
21 the Kentucky School Boards Association, some of the
22 nursing associations and some of those talking about
23 the program.

24 I think it's voluntary at this
25 point for the schools to implement it. So, if they

1 want to, they can. KDE will be doing a lot of
2 outreach to the schools. We're working closely with
3 KDE. David, have you been involved in any of those
4 meetings?

5 MR. GRAY: The only thing I
6 would say is as it relates to the SPA, that goes on
7 a quarterly basis. And I know there are people in
8 this room that are a lot smarter about SPA's than I
9 am.

10 So, really, as a school,
11 you're kind of taking a little bit of a leap of
12 faith, assuming that the SPA would be approved on or
13 before September 30th which would then make it
14 effective back to the beginning of that quarter of
15 July 1st. That's kind of how they operate SPA's.

16 MS. HUGHES: That's when you
17 can request the effective date. Even if it's not
18 approved----

19 MR. GRAY: But they pause them
20 also. That's the other thing they do.

21 MS. HUGHES: And that's what
22 they've done now is they've paused them. That's my
23 other part of my job. Even if it's not approved
24 until, say, January, it can still go back to July 1
25 because we submitted it during this quarter.

1 MS. BEAUREGARD: I think
2 you're right about that. I mean, I know it can
3 redrafted.

4 MS. HUGHES: Yes.

5 MS. BEAUREGARD: I think
6 that's correct. I was curious if schools had been
7 given guidance by DMS to wait or to go forward.

8 MR. GRAY: I mean, they're
9 taking a little bit of a leap of faith.

10 MS. BEAUREGARD: There's a
11 risk.

12 MR. GRAY: There's a little
13 bit of a risk.

14 MS. HUGHES: There's a risk.

15 MS. BEAUREGARD: Because there
16 can be a clawback.

17 MR. DUNN: Or does this
18 additional information with the Random Moment Time
19 Study alleviate some of that risk for early
20 adopters?

21 MS. HUGHES: I can't answer
22 that. I think anytime that you do something----

23 MR. DUNN: I mean, that may be
24 one of the reasons why you want to----

25 MS. HUGHES: We do not

1 anticipate there being an issue with the SPA being
2 approved. So, I don't anticipate it being a risk.
3 Now, whether or not schools go forward, from what I
4 know is that technically the services--if the SPA is
5 approved, even like in November, they're not going
6 to be at any kind of a risk at all because of the
7 fact that they don't come and audit us for federal
8 match for I think it's thirty days following the end
9 of the quarter.

10 So, it's sometime like in
11 November is when they would come down and actually
12 say, well, you're providing these services and your
13 SPA is not approved.

14 So, we've still got some time
15 and we don't anticipate that the SPA will not be
16 approved.

17 MS. BEAUREGARD: I wouldn't
18 anticipate that either just because I think it's
19 something that CMS will be eager to approve, but as
20 far as delays, we wanted to make sure that schools
21 are providing adequate information for billing so
22 that they know that they can apply that.

23 That would be my only concerns
24 is schools are adequately documenting, but we're
25 excited that schools can start to expand services.

1 I think for us, we want to make sure schools are
2 billing and documenting correctly and that everyone
3 is aware of what services are being provided.

4 MS. HUGHES: Well, and KDE is
5 actually leading that charge to make sure that their
6 schools and stuff are doing things correctly.

7 MS. BEAUREGARD: Have they
8 already started doing free care screenings?

9 MS. HUGHES: That I don't
10 know.

11 MS. BEAUREGARD: The last
12 meeting that we were at, there was some talk of that
13 but it didn't sound like it had started yet.

14 And in talking with some
15 federally qualified health centers and community
16 mental health centers, I think that many are unaware
17 of what's happening. And since they're providers
18 that are often already in schools providing
19 services, it would be great if there was a little
20 bit more communication directly to those service
21 providers about what is happening.

22 MS. HUGHES: Well, we're kind
23 of in a Catch 22 of doing services before the SPA is
24 approved.

25 MR. GRAY: I will say this

1 only because I'm aware. Cumberland Family Health
2 out of Russell Springs which is in a number of
3 schools is very much aware of this program only
4 because they told me they are.

5 MS. BEAUREGARD: I told them.

6 MR. GRAY: Okay, but they're
7 being pretty, I think, as they have been - and
8 that's only one federally qualified health center.

9 MS. BEAUREGARD: Because I
10 used to work with the FQHC's, I have been reaching
11 out to some that have large school health just so
12 that they can be communicating with the schools that
13 they're working with.

14 MS. HUGHES: I think with that
15 and KI-HIPP, I don't think there's been a lot of
16 lack of communication because it's two good
17 initiatives that are putting positive things out for
18 the members.

19 I know the Deputy Secretary
20 has been, because this is kind of near and dear to
21 her heart, that she has been out attending a lot of
22 meetings and talking about it, too. So, I think
23 there's a lot of stuff getting out.

24 MS. BEAUREGARD: I know that
25 the superintendents have received a letter but I

1 wasn't aware of any other service providers
2 receiving either that kind of communication and I
3 didn't see them at the meetings with Lee Guice.

4 We had some good meetings to
5 bring stakeholders around the table but they were
6 not represented. And, so, I was just thinking that
7 having some more health care providers would be good
8 to start incorporating.

9 I had asked if we could get
10 copies of communications.

11 MS. HUGHES: I'm not aware of
12 any. Lee is not here this week. So, I'm not real
13 sure if there's any, especially from DMS. I think
14 probably the communications are probably going out
15 from KDE to the school systems and so forth.

16 MS. BEAUREGARD: That might be
17 the case but I do think DMS may have sent a letter
18 to superintendents.

19 MR. GRAY: It was a joint
20 letter that went out from the Commissioner of
21 Medicaid and the Commissioner for Education. It was
22 a joint letter that went out in July, I believe.

23 MS. BEAUREGARD: David, do you
24 think we could get a copy?

25 MR. GRAY: Sharley, I'd have

1 to defer to you on that. I haven't seen the letter.

2 MS. HUGHES: I've not seen it.

3 MS. BEAUREGARD: I'll ask Lee
4 about it.

5 MR. GRAY: Okay. If I had a
6 copy, I'd be more than happy to give it to you but I
7 don't have a copy.

8 MS. BEAUREGARD: Thank you.
9 Any other questions for Sharley about the Free Care
10 Rule, the status? We think that it's a very good
11 thing. I just want to make sure that we understand
12 where things are in the process and who knows what
13 so that we can be communicating about it. And we
14 actually have Lee Guice coming to our annual meeting
15 on October 11th. So, that will be great.

16 I think we are on Item Number
17 5, the mandatory copays. And, I know, David, you
18 and I actually discussed the screens recently.

19 So, it sounds like there has
20 been a small change to the screens where if you want
21 to find out if someone is above or below the Federal
22 Poverty Level, that's been rewritten, right?

23 MR. GRAY: You hover over it.

24 MS. BEAUREGARD: That's right,
25 the hover over. Thank you. That's the part I was

1 forgetting. And, then, there's a hover over with
2 more information. So, I don't know if anybody in
3 this room who works with providers has heard of
4 anything changing or if you've been able to see that
5 screen change.

6 That's not something that we
7 see directly but David was able to show me some
8 examples and talk through it which is definitely, I
9 think, more clear than it was originally. So, thank
10 you for working on those changes.

11 MR. GRAY: I think at this
12 point, as Emily and I discussed, from the provider
13 perspective, there are things within the MMIS or the
14 DXC, which is the company that provides the backbone
15 for this, if there are things within the
16 KyHealth.Net screens that you find not helpful, not
17 placed in the right places or such, there are some
18 limitations.

19 I will say we are dealing with
20 source code that's got age on it, and, so, there are
21 some limitations with regard to our MMIS system in
22 terms of what we can and cannot do and I think we're
23 fast approaching the limits of what it can do, and
24 the State will be looking to replace that but that's
25 a big lift and it probably won't happen in the next

1 three to five years, I would think. And I think
2 we've been talking about doing that for the last
3 three to five years, so, to kind of give you some
4 understanding. Anytime you replace the billing
5 system, it's daunting. It's daunting.

6 MR. SHANNON: And it's scary
7 for the provider.

8 MR. GRAY: Well, it's scary
9 for everybody but we are dealing with older
10 technology. So, we need to modernize, but if there
11 are things that you find and is kind of a trend with
12 regard to the current screens, again, take a look at
13 the current system. Don't judge it based on what it
14 looked like six months ago or nine months ago and
15 please let us know.

16 If you want to funnel those
17 through Jason or Emily, get those to me and we'll
18 see what we can and cannot do.

19 MR. SHANNON: What did this
20 thing address, the hovering thing?

21 MR. GRAY: Well, in the past,
22 it pretty much said FPL yes or no. That's all you
23 had. And, so, now, there's a whole discussion, a
24 Federal Poverty Level explanation and kind of the
25 implications of you go ahead and provide care. You

1 can choose not to provide care, depending upon where
2 you are on that question. So, there's a lot more
3 detail on that.

4 MS. BEAUREGARD: Yeah, it had
5 been P-O-B underscore I-N-B or I-N-

6 MR. DUNN: POBIND.

7 MS. BEAUREGARD: Indicator,
8 yeah, IND, and, of course, nobody really could crack
9 that code. Above FPL I think is what it says now,
10 something like that, and that is more clear. I
11 think there could be ways to make it even more clear
12 but this is definitely a big improvement and the
13 hover over is helpful, too. I still question
14 whether all providers are reading that and really
15 looking for it.

16 So, my follow-up question is
17 going to be, I know last November before this policy
18 went into effect, there was a useful handout for
19 providers that was created by DMS and one for
20 consumers, and I wondered if that had been updated
21 because there were some screen shots on it, and to
22 have that so we could re-circulate it I think would
23 be really helpful. I know there was one letter that
24 went out to pharmacists but I wasn't sure if any new
25 sort of communications about the copays has gone out

1 to providers.

2 MR. GRAY: I don't think so.
3 I don't think so, but if there's something you can
4 provide to me with regard to what we've done in the
5 past, send that to me and we'll see if that's
6 something that would be beneficial.

7 MS. BEAUREGARD: That would be
8 good. I really think it's as simple as some updated
9 screen shots and maybe just updating a little
10 language but I don't see any significant changes but
11 that would be a good thing to re-circulate.

12 MR. GRAY: And I think if we
13 would tie that in maybe at open enrollment, that may
14 be a good time, the timing of this, because we're
15 almost into September. Open enrollment is primarily
16 in the month of November and drags a little bit into
17 December, but that may be a better time because
18 people are just kind of accustomed to getting
19 communications from us at that time of the year.

20 MS. BEAUREGARD: That would be
21 helpful.

22 MR. GRAY: Okay.

23 MS. BEAUREGARD: And I think
24 Brian Beth who is working with clients has still
25 been hearing some issues. Stephanie Bates has said

1 that that's something that we can communicate to her
2 but maybe we'll start to communicate with both of
3 you.

4 MR. GRAY: That will be fine,
5 but certainly Stephanie because she interfaces
6 directly with the MCOs.

7 MS. HUGHES: And what we've
8 told the Behavioral Health TAC also is is that it
9 would help if you all actually referred the member
10 to the MCO or to DMS or provided us with information
11 of what providers are not following because we can
12 certainly at that point have the MCOs reach out to
13 those providers.

14 I've had several instances
15 where people have contacted me or contacted their
16 legislator or the Governor's Office or our
17 Ombudsman's Office and have said I went to my doctor
18 and they made me pay copays. So, we have the MCO
19 reach out and tell that provider here's the rules
20 and so forth.

21 But without actually knowing--
22 we can send out communications every day, and if
23 somebody doesn't read it or they don't give it to
24 their staff and, then, for us to just be told
25 doctors are still charging copays, we can't do

1 anything. We can call up a doctor's office and say
2 you're breaking the rules and, again, here's where
3 you look.

4 MS. BEAUREGARD: I'm glad you
5 brought that up because Miranda and I were just
6 talking before the meeting about changing--we've
7 been asking people to report if they've had a copay
8 issue but we haven't asked, unless we follow up with
9 them and they respond to us, we haven't asked up
10 front can you tell us who the provider is and we're
11 going to change it to ask for that because I do
12 think that would be really helpful.

13 Did you have any that you
14 wanted to share specifically?

15 MS. BROWN: I just have a
16 woman in Taylor County who has had several providers
17 charge her copays when she said she couldn't afford
18 to pay them. I have the list. I was going to email
19 it to Stephanie and I can email it to David as well.

20 MS. HUGHES: I mean, you can
21 email them to David, but just out of----

22 MS. BEAUREGARD: Do you want
23 to be copied on it, too, Sharley?

24 MS. HUGHES: No. I mean, I'm
25 just thinking HIPAA of trying not to send it to a

1 bunch of different people. If you would just send
2 it to Stephanie.

3 MR. GRAY: I think send it to
4 her.

5 MS. HUGHES: That way you're
6 not risking a lot of HIPAA information getting out
7 to various people. And I'm certainly not trying to
8 imply that David is not good at following HIPAA.

9 MR. GRAY: If they're
10 associated with Taylor Regional Hospital, I'm not
11 saying they are or they're not, they just employ a
12 lot of physicians in that community, I'd be more
13 than happy to take a phone call.

14 MS. BROWN: Some of them are.

15 MR. GRAY: So, if it involves
16 Taylor Regional Hospital, Emily, you've got my cell
17 phone number, give me a call and we can talk about
18 it.

19 MS. BEAUREGARD: Have you
20 already heard of issues with them?

21 MR. GRAY: No, but I just know
22 that they employ a lot of the physicians in
23 Campbellsville, Kentucky and are employed and I've
24 got a relationship there. So, if it involves Taylor
25 Regional Hospital, I'll be more than happy to try to

1 assist with those.

2 MS. BROWN: Okay. Thank you.

3 MR. GRAY: I'm not taking
4 ownership of the chiropractors or the dentists or
5 anybody else.

6 MS. BEAUREGARD: We can
7 communicate about the providers without
8 communicating patient information. We understand
9 HIPAA rules.

10 MR. GRAY: But send those to
11 Stephanie, but as it relates to Taylor Regional, if
12 somebody will give me a call, we'll kind of talk
13 offline about that.

14 MS. BROWN: Okay. Thank you.

15 MS. BEAUREGARD: And something
16 I didn't put specifically on this section but is
17 related to copays, Stephanie Bates did send us some
18 additional information about copays for the 1915(c)
19 waivers.

20 I think there is a little bit
21 of confusion still about exactly what the copays are
22 for different services and when the mandatory copays
23 under this particular regulation apply, but it
24 sounds like there also haven't been problems. Like,
25 Camille and I talked earlier and people have been

1 reporting issues.

2 MS. COLLINS: There might be
3 problems but they're not calling us with those
4 problems and we get a lot of calls from folks on
5 those type of issues normally.

6 And, so, we did analyze the
7 information that Stephanie gave us and we understand
8 it a little bit better and looking at State Plan
9 services when copays are applied and when they're
10 not if they're being billed through the 1915(c)
11 Medicaid waiver piece.

12 So, I think we get it better
13 and we're not hearing any complaints. That doesn't
14 mean there aren't issues but they're not from us.

15 MS. BEAUREGARD: So, unless
16 anybody else in the room has heard of anything or
17 has questions about that, we don't have any at this
18 point. So, that is all on mandatory copays.

19 I had added something to the
20 agenda just because Miranda and I were talking about
21 it ahead of time which is related to non-emergency
22 medical transportation.

23 So, if you don't have the
24 answer to it at the moment, it's fine, if we can
25 just get an answer eventually but do you want to ask

1 your question?

2 MS. BROWN: Well, it's related
3 to if someone needs non-emergency medical
4 transportation like from Taylor County up to
5 Lexington to see a specialist, I assume--I don't
6 work with a lot of people who tell me they use an
7 EMT but I assume that they would be able to do that.

8 MS. HUGHES: Ninety-nine
9 percent positive yes. The answer is yes, that we
10 would provide it.

11 MS. BROWN: And, then, would
12 an exception be made because I know that generally,
13 you can't use any EMT if you have a vehicle. So,
14 she has a vehicle but the cost of gas to drive that
15 far is prohibitive.

16 MS. HUGHES: If she has a
17 vehicle, I'm 99% positive we would not provide an
18 EMT.

19 MS. BROWN: So, there's not a
20 way to make an exception for something like that?

21 MS. HUGHES: No. I think
22 that's actually in the reg. I don't work with any
23 EMT that often myself but I've actually received
24 constituent emails coming in that people have a
25 vehicle in their name and the vehicle does not work.

1 They have to provide a statement from a mechanic
2 that the vehicle is not in operational order before
3 we would ever provide them any EMT. So, I think if
4 they have a vehicle, that disqualifies them for
5 receiving any EMT services.

6 MS. BEAUREGARD: Unless we get
7 an exception. So, since there is an exception for,
8 you know, if a mechanic were to say that it wasn't
9 in working order, they don't have reliable
10 transportation--well, I think we should probably
11 just look really closely at the EMT regulation
12 first, but if there's a way to have an exception or
13 an exemption process in place for those
14 circumstances, I think that would be something we
15 might want to come back with at another meeting.

16 MR. SHANNON: And kind of
17 related to that, and I've heard this, that people
18 live in a personal care home. They go to a
19 hospital. They get discharged from the hospital.
20 They're going back to the personal care home, some
21 physical problem they had. There's no
22 transportation back. So, they can't use emergency
23 medical transportation to go back to the personal
24 care home.

25 MS. BEAUREGARD: Is that

1 something that you have any documentation on?

2 MR. SHANNON: I will ask the
3 folks. I raised transportation at some meeting and
4 someone said this. I'll ask the person specifically
5 where that happened but it just seems kind of
6 interesting that you can get to the hospital but
7 I'll have a bike downstairs for you.

8 MR. GRAY: A lot of times,
9 that's when the hospital will get out the voucher
10 from a charity fund or something to pay for the taxi
11 ride home.

12 MS. BEAUREGARD: It looks like
13 we might just need to look into that regulation more
14 and, then, Sharley, we may have some follow-up
15 questions for you.

16 MS. HUGHES: Okay.

17 MR. DUNN: And on that
18 subject, for those interested, Medicaid
19 transportation is a subject of the Program Review
20 and Investigation Committee on Friday morning if
21 people want to go to that. It's an early one. It's
22 eight o'clock, but it's one of two agenda items on
23 their plate for Friday morning.

24 MS. BEAUREGARD: Jason is
25 planning to be there bright and early. KET doesn't

1 stream these meetings now in the interim.

2 MS. HUGHES: Some of them they
3 do. They did the Health and Welfare yesterday.

4 MR. DUNN: Sometimes they do.

5 MS. BEAUREGARD: It's just not
6 always consistent. I think you have to ask ahead of
7 time maybe, too. Did you have something to say,
8 Arthur?

9 MR. CAMPBELL (By Interpreter):

10 So, what if you are in a wheelchair and you don't
11 have the EMT transport and you have a car but it
12 won't transport, like, a motorized wheelchair. So,
13 then, would EMT be able to transport if the vehicle
14 that they had at their house was not accessible?

15 MS. HUGHES: I don't know
16 that.

17 MS. BEAUREGARD: Or really
18 just any condition, I guess, in relation to a car or
19 your vehicle isn't accessible. Sharley, if that's
20 something that you can just look into, I think that
21 would go along with some of the other potential
22 exceptions.

23 MS. HUGHES: All right.

24 MS. BEAUREGARD: So, yes, you
25 could have a health condition that would make it

1 impossible to use your vehicle.

2 MR. CAMPBELL: Yes.

3 MS. BEAUREGARD: Good
4 question. So, anything else about EMT before we
5 move on?

6 The next item on the agenda is
7 related to 1915(c) waivers and the stakeholder
8 engagement. I have just been putting this on the
9 agenda for updates.

10 MS. HUGHES: So, the update,
11 what are the next steps of redesign? We're
12 finalizing the new regulations to be submitted to
13 LRC and will be submitting the waivers to CMS for
14 review and approval.

15 The status of the rate study,
16 the rate study analysis and fiscal impact are
17 continuing. The proposed new rate structure will be
18 presented to the Executive Committee this month. I
19 don't know if that meant--I can't remember when she
20 sent me this, if that means August or September.

21 Is there any update on
22 transparency? Additional information is being
23 provided to Legal and they're evaluating it and
24 we're waiting for their guidance.

25 MS. BEAUREGARD: Legal, like

1 the Cabinet's Legal is evaluating it?

2 MS. HUGHES: Yes.

3 MS. BEAUREGARD: Any response
4 to that or questions?

5 MS. COLLINS: Just that they
6 referred it to Legal like months and months and
7 months ago. So, I don't know if they need to refer
8 it to the AG's Office or somebody else may want to
9 look at the referral to the AG's Office.

10 MS. BEAUREGARD: Who would do
11 that referral?

12 MS. COLLINS: I mean, anyone I
13 think could do that referral.

14 MS. BEAUREGARD: Is P&A still
15 reviewing it as well?

16 MS. COLLINS: Well, we
17 reviewed it. It's our opinion that those meetings
18 are open.

19 MS. BEAUREGARD: Okay. So,
20 there's nothing outstanding on your side.

21 MS. COLLINS: Not from us.
22 When we first brought it, we looked at it before we
23 talked about it in here and it was our thought that
24 those were open meetings and, then, Medicaid
25 disagreed and, then, we asked for that opinion in

1 writing. So, we've been waiting for that ever
2 since. I can't remember, Sharley, how long that has
3 been.

4 MS. HUGHES: I'm not sure.

5 MS. BEAUREGARD: But there's
6 been no progress.

7 MS. BEAUREGARD: Is that
8 something that P&A would refer to the AG on this?

9 MS. COLLINS: Possibly if
10 Arthur wants to make that referral. If we have a
11 client or someone who wants to make a referral
12 questioning whether the Navigant meetings, the
13 panels are open meetings.

14 MR. CAMPBELL: Yeah.

15 MS. COLLINS: So, I can look
16 at that.

17 MR. SHANNON: The rate study
18 group meets tomorrow. So, they're going to present
19 it to the Executive Committee. Hopefully tomorrow
20 we'll hear something.

21 MS. BEAUREGARD: So, it is
22 this month that they've having----

23 MR. SHANNON: They meet
24 tomorrow, the rate study group.

25 MS. HUGHES: The rate study

1 committee may meet tomorrow but I don't know that
2 they're meeting with the Executive Committee
3 tomorrow.

4 MR. SHANNON: No. I'm saying
5 but you would think the rate study group gets to see
6 the information or some sense of it before the
7 Executive Committee would get it.

8 MS. COLLINS: I think there
9 are two issues. They're looking at that separately
10 from all the other Navigant documents.

11 MS. BEAUREGARD: So, Camille
12 and Arthur might discuss that.

13 MS. COLLINS: I'll discuss it
14 with Arthur and we'll meet with our office but
15 anybody can make that request.

16 MS. BEAUREGARD: Okay. I
17 don't really understand the process, but with the
18 rate study, since the rates are going to be proposed
19 tomorrow----

20 MR. SHANNON: We don't know
21 that.

22 MS. HUGHES: I don't know that
23 the rates are being proposed.

24 MR. SHANNON: There is a rate
25 study meeting tomorrow and if the Executive

1 Committee isn't going to see it at this one but the
2 next one, you would hope the rate study work group
3 gets the first look at them before they go on.

4 MS. BEAUREGARD: Yes. Okay.
5 I understand that now. So, once they have been
6 proposed to the Executive Committee, at some point
7 when they're available, can those be shared here
8 with the Consumer TAC after they've been proposed to
9 the Executive Committee?

10 MS. HUGHES: That would be up
11 to somebody beyond me.

12 MS. BEAUREGARD: I guess I'm
13 just really asking when the public would get that
14 information and, then, the regs are going to be
15 filed soon. Is that right?

16 MS. HUGHES: Yes. They're
17 working on them now. In fact, that was probably the
18 gentleman that knocked on the door and said he was
19 looking for the reg meeting.

20 MS. BEAUREGARD: Well, then,
21 are there any other comments or questions? Do you
22 have something to say, Arthur?

23 MR. CAMPBELL (By Interpreter:)
24 Are we talking about rates of pay?

25 MS. COLLINS: So, it would be

1 the reimbursement rates for the services. So, like,
2 with the PDS, like, for your attendant care and how
3 the cap is at eleven twenty-five for those services,
4 they're looking at that rate and every other rate,
5 case management reimbursement rates, therapies if
6 they apply in certain waivers. So, yes, all rates,
7 not rates for actual individuals but rates of
8 services.

9 MR. CAMPBELL (By Interpreter):
10 How can the public have input on that?

11 MS. HUGHES: There's been
12 multiple public comment periods that have been
13 opened for comment. The comment line actually is
14 still open even though the official comment period
15 has ended. Community Alternatives is continuing to
16 take comments from the public even though the public
17 comments have ended.

18 So, if you have comments, you
19 can certainly send those into - and I don't have the
20 email address. I think it's on a website that you
21 can send in.

22 MS. COLLINS: The other thing
23 to add is once the regulation that will set those
24 payment rates, then, you will have the opportunity
25 to comment on that particular reg, and I don't think

1 that's going to be anytime in the near future.

2 MS. HUGHES: Honestly and
3 truly, I don't know when the regs will be filed.

4 MS. COLLINS: Because that
5 payment reg is separate from the regs that they're
6 working on now but you will have an opportunity.

7 MS. HUGHES: Yes. There will
8 be opportunities when the regs are filed to again
9 comment, but currently anybody that wants to comment
10 as we're going through the process can certainly
11 make their comments known to us.

12 We could have, based upon CMS
13 guidelines, closed down the comment period and said
14 we're not taking any more comments but we're
15 continuing to take the comments and they continue to
16 respond to them and so forth.

17 MS. BEAUREGARD: Right, and
18 right now you're still in the proposed phase. So,
19 once the Executive Committee were to accept or
20 approve rates, you put them in a regulation and,
21 then, there's another public comment period.

22 MS. HUGHES: Right. Yes. And
23 if I'm not mistaken, once the waiver document is
24 actually submitted to CMS, there may be - don't
25 quote me on that - but there's probably going to be

1 another comment period once the waivers are filed to
2 CMS.

3 MR. GRAY: I think you're
4 right.

5 MR. SHANNON: And the email
6 box is pretty responsive. I don't know it offhand.

7 MS. COLLINS: And I have that
8 email address.

9 MS. BEAUREGARD: And that's
10 just a good reminder because there are multiple
11 steps in the process. So, thank you for explaining
12 that.

13 MS. HUGHES: Yes. There's
14 lots and lots of opportunities for comments, but
15 this process they've never stopped accepting
16 comments.

17 MS. BEAUREGARD: That's good
18 to know. Any other questions about that before we
19 move on? It sounds like maybe in the next month or
20 two, we'll have more information, maybe some regs to
21 review.

22 The next item on the agenda is
23 related to ADA guidelines and making accommodations
24 for people with disabilities so that they can
25 participate the TAC and MAC meetings.

1 We've had this on the agenda
2 before, but since Arthur is here and we've had some
3 discussion about what kind of recommendation we
4 might want to make through this TAC, I'll turn it
5 over to you.

6 MS. WOODS: Arthur Campbell is
7 requesting for a policy in writing from DMS and CHFS
8 on paying or providing any appropriate and necessary
9 accommodations for people with disabilities to allow
10 them to fully participate in meetings as a person
11 serving in an advisory capacity.

12 MS. BEAUREGARD: May I see
13 that?

14 MS. WOODS: Yes.

15 MS. BEAUREGARD: We will make
16 that a formal recommendation and that's actually the
17 next thing on the agenda. So, I just want to make
18 sure that I'm getting this down correctly.

19 MS. HUGHES: Can I just add to
20 that because at the February meeting when Arthur was
21 there, he was going to get a list of stuff to me
22 that he felt that we should be providing and I have
23 not received that. So, we're kind of waiting on
24 that.

25 As far as non-TAC members, I

1 don't think we're required to pay for them to
2 attend. We are required to pay for the TAC members
3 but I don't think--I mean, we're required to have an
4 ADA-compliant room and access to the building and so
5 forth which we're doing that.

6 So, I'm not sure what else
7 Arthur is asking for, if he could provide us with
8 more information.

9 MR. CAMPBELL (By Interpreter:)
10 Do I send that to you or who? Who do we send it to?

11 MS. HUGHES: He can send it to
12 me. You and I had communicated about it and you at
13 one time had told me it was going to be like nine
14 pages long.

15 MR. CAMPBELL (By Interpreter:)
16 I will send that about two pages out of what I wrote
17 up. He's going to send you two pages of what he
18 wrote up.

19 MS. HUGHES: Okay. You send
20 me the pages and we'll work on it for you.

21 MR. CAMPBELL (By Interpreter:)
22 Out of eight pages.

23 MS. COLLINS: And the one
24 thing I know, like, Arthur is really--he's not - and
25 you can tell me whatever you want to tell me - but

1 it's really not about you and getting reimbursed.
2 What he is really trying to achieve is making a
3 systemic policy and to make sure that it's in
4 writing and that people understand who have
5 disabilities that there are resources, that if
6 they're on committees such as the TAC, that there
7 are resources to help them through the ADA so that
8 they can fully participate because we have other
9 TACs like the IDD TAC and the Behavioral Health TAC
10 and people with disabilities are under-represented,
11 and a lot of the folks that I know, they're saying
12 that they can't afford to come to these meetings.

13 So, Arthur is really just
14 trying to establish a strong policy and awareness of
15 the policy under the ADA so that people are inclined
16 to want to participate in these meetings. I think
17 that's his goal.

18 MR. SHANNON: And you can take
19 it out of Medicaid and go to 144. They meet
20 regularly and they have several subcommittees that
21 some folks get to and some do not.

22 MS. BEAUREGARD: Well, and
23 because there's accessibility in terms of physical,
24 is the building physically accessible and I think we
25 can say yes; but when you're talking about having

1 the assistants, personal assistants and
2 transportation to get to a meeting that's however
3 far away and it requires more than just
4 accessibility----

5 MS. HUGHES: Well, the video
6 teleconferencing is now available for him to use.

7 MS. BEAUREGARD: It is and I
8 was going to ask you about that.

9 MS. HUGHES: And certainly, as
10 we said before, that we can get translators here,
11 the sign language. We actually have translators
12 onsite that can do those things.

13 So, it's not that we're not
14 willing to do those things, but as far as for people
15 just to come to attend the meetings, I don't think
16 there's anything in statute that we're required to
17 pay them to come to the meeting. We are required in
18 statute to pay for the TAC members.

19 MS. BEAUREGARD: Well, we are
20 talking about TAC members. We're talking about
21 members and not to pay the individual for their time
22 as much as to pay for the necessary services to
23 support them to getting here, the expenses.

24 I think it's worth us making a
25 recommendation today based on what Arthur has

1 written here. And, then, Arthur, if you would
2 follow up with Sharley and copy me, I would
3 appreciate that.

4 MR. CAMPBELL (By Interpreter:)
5 May I have some time right now to ask these people
6 something?

7 MS. HUGHES: Sure.

8 MS. BEAUREGARD: Yes. Please
9 ask your question.

10 MR. CAMPBELL (By Interpreter:)
11 How many of you work and get paid to work with
12 disabled people, right? I'm asking you that.

13 MR. SHANNON: Yes.

14 MR. CAMPBELL (By Interpreter:)
15 Everyone in this room gets paid for working. That
16 is your job, right? How many in this room are
17 disabled? How many?

18 MR. SHANNON: One.

19 MR. CAMPBELL (By Interpreter:)
20 This ain't right. That is why Medicaid and the
21 Cabinet should put some money aside to pay for this
22 support.

23 MS. BEAUREGARD: Right.
24 Regardless of whether it's in statute, and I think
25 that's still questioned, there could still be a

1 decision by Medicaid or it may still be an issue of
2 ADA compliance that there be additional resources to
3 support people.

4 So, I think whether it's ADA,
5 statute or----

6 MS. HUGHES: And we certainly
7 are not saying we are not willing to. It's just
8 that I'm not sure what else----

9 MS. BEAUREGARD: We've had it
10 on the agenda ever since our TAC came back to life,
11 and the only response that we've gotten to date has
12 been about physical accessibility in the building.

13 So, I think that it is worth
14 making he recommendation. And, then, Arthur, if you
15 can follow up in writing with anything else that you
16 want to share with Sharley to get a response
17 specifically, but I have this in writing and I'm
18 ready to make that a recommendation.

19 MR. CAMPBELL (By Interpreter:)
20 I want to say one more thing. I'm not asking for
21 myself because I won't be around much longer but it
22 is a moral issue.

23 MS. HUGHES: Well, I'm going
24 to disagree with you on one thing. I bet you might
25 be around longer than me.

1 MS. COLLINS: I think he
2 crafted that in a way that I think it addresses the
3 issues.

4 MS. BEAUREGARD: It could be a
5 broad policy change.

6 MR. SHANNON: I think it's in
7 the spirit. Whether it's in the language of the
8 ADA, it's clearly to the spirit of participation in
9 the process and there ought to be something that we
10 should be able to resolve for a lot of people.

11 MS. BEAUREGARD: Yes, I agree
12 with that. We don't even have ADA in this. It
13 really goes beyond that, like you said, but it could
14 be that the ADA governs this.

15 MS. COLLINS: P&A does believe
16 that the ADA requires DMS to be able to provide
17 those accommodations.

18 MS. BEAUREGARD: And I do
19 think the video conferencing is one option, but,
20 again, Arthur may have the accessibility for video
21 conferencing but that doesn't automatically mean
22 that everyone else would that has a disability. You
23 could still need some type of personal assistant or
24 interpreter, and I would like you to have a chance
25 to maybe talk a little bit more about what this

1 policy is. But as I read your email, it sounds like
2 DMS or the Cabinet aren't going to in any way be
3 responsible for the video conferencing. So, it's
4 really on the TACs----

5 MR. SHANNON: So, you would
6 have to arrange that.

7 MS. BEAUREGARD: ----to
8 arrange it and, then, to make sure that TAC members
9 were able to access it. Do you have something else
10 to say about that?

11 MR. CAMPBELL (By Interpreter:)
12 I appreciate people who think about video
13 conferencing, but I am a civil rights worker and, to
14 me, that is a slap in the face because it is like
15 telling me to go in the back to be served while the
16 rest of them go in the front door. That is what I
17 am asking.

18 MS. HUGHES: Arthur, the video
19 conferencing was not just for you all. Every TAC
20 was asking because, like, for instance, the
21 Physicians TAC, in order for the physicians to come
22 to the TAC meeting, they were being out of their
23 office, some of them all day long. So, basically,
24 they were losing the ability to serve their patients
25 while they were coming to Frankfort to attend the

1 meeting.

2 So, they were wanting to be
3 able to do video conferencing to call in and to
4 attend the meeting because some of the people on the
5 TACs, we've got some that live in the far eastern
6 part of the state and some that live in the far
7 west.

8 We've got a couple that
9 actually come in the day before and spend the night,
10 come to the meeting the next day, then have to drive
11 back home. So, they're missing a day and a half to
12 come to a couple-of-hour TAC meeting.

13 So, the video conference, I
14 don't want you to think that we were saying that
15 that was a way for disabled people to attend a
16 meeting. That was actually being sought out as a
17 way for TAC members to attend the meeting.

18 MR. CAMPBELL (By Interpreter:)
19 But the A.G. said it will work?

20 MS. HUGHES: Yes. The
21 Attorney General has said that any of the TACs--
22 anybody that wants to do video teleconferencing,
23 what they were actually specifically asking is would
24 they be able to do it based on some of the newer
25 technology like - and, Lord, I'm not an electronic

1 person here - but I think it was like Zoom and Skype
2 and those type of things, if that would count as----

3 MS. BEAUREGARD: Well, and I
4 just want to be clear. The video conferencing does
5 not resolve our concerns about ADA compliance. So,
6 it is one other way that people can participate but
7 that does not make it accessible for everyone to
8 participate.

9 And, so, while I think that we
10 may want to do video conferencing just for general
11 participation in the future, it is not the solution
12 that we're looking for.

13 So, I agree, if that's what
14 you're saying, Arthur.

15 MR. CAMPBELL: Yes.

16 MS. BEAUREGARD: That this
17 should be seen as a separate issue.

18 MS. HUGHES: It is. That was
19 never our intent was for that to imply that that's
20 how disabled individuals should attend. And I think
21 we've said in the past that we understand that
22 sometimes - and just so you all know.

23 Our Secretary did send out an
24 email to all employees in our building because
25 apparently there have been some employees parking in

1 the visitor parking spots up here making it
2 difficult when visitors come here. So, there has
3 been an email that basically said if you park up
4 there, so, that has come out.

5 But if that lot is full, then,
6 that obviously means that it's more difficult for
7 someone who is disabled to get in to our building
8 because, then, your next parking lot is a level
9 lower. And if that's the case, we are more than
10 happy to meet anybody down at the employee entrance
11 and help get them in from down there.

12 MS. BEAUREGARD: I think that
13 you've made that very clear - I appreciate it - and
14 Stephanie Bates had put that in writing. So, as far
15 as building accessibility, I think that DMS has
16 done----

17 MS. HUGHES: We have been
18 waiting because I'm not real sure what else other
19 than providing an interpreter that we can possibly
20 do.

21 MR. CAMPBELL (By Interpreter:)
22 You will receive my email.

23 MS. HUGHES: I look forward to
24 it, Arthur.

25 MS. BEAUREGARD: Let's move

1 forward with the recommendation because I want to
2 make sure that it does go to the MAC.

3 And, then, in terms of video
4 conferencing, maybe, Camille, you and I can talk
5 about potentially having our meetings in the future
6 at your location if that's still a possibility.

7 MS. HUGHES: And one other
8 thing that I wanted to kind of explain about that, I
9 went to a TAC meeting last week in the Public Health
10 Building. Every time I've gone in to that
11 conference room, there's always been a phone for me
12 to use for the dial-in access. We get ready to
13 start the meeting and there was no phone for me to
14 even use.

15 If there's equipment issues,
16 even for us, they get something - like I said, I'm
17 not an electronic guru - they get something over the
18 weekend that created issues with us logging in on
19 our computers to certain drives, we have to call the
20 COT Help Desk and they take those calls in the order
21 that they are received.

22 So, we can't guarantee if we
23 get to a TAC meeting that, number one, the equipment
24 is going to be there because if somebody needs it
25 somewhere else, they've come and got it and took it.

1 So, that's the reason we're saying----

2 MS. BEAUREGARD: I understand
3 DMS' position on it. I think we can accept that and
4 move on. And if there are alternative locations, I
5 think that's probably the best thing for us to
6 explore.

7 Let's go on to our
8 recommendations. I know we're getting short on
9 time. The first recommendation is going to be what
10 Arthur has proposed.

11 So, the Consumer TAC
12 recommends that DMS provide a written policy on
13 paying or providing appropriate accommodations for
14 people with disabilities to allow them to fully
15 participate in meetings as a person serving in an
16 advisory capacity. I guess Arthur has proposed it,
17 so, can I get a second?

18 MS. BROWN: Yes.

19 MS. BEAUREGARD: All right.
20 All in favor? Any opposed? Great.

21 I have some other ideas for
22 some recommendations. One is that DMS share
23 consumer communications about new or changing
24 programs and policies with the Consumer TAC for our
25 input.

1 MS. BROWN: I'll second that.
2 MS. BEAUREGARD: Does that
3 sound good as I stated it?
4 MS. BROWN: Yes.
5 MS. BEAUREGARD: So, Miranda
6 seconds. All in favor? Any opposed. Okay. Great.
7 MR. CAMPBELL (By Interpreter):
8 The only problem is that Medicaid said they wouldn't
9 do that.
10 MS. BEAUREGARD: And DMS may
11 still say that. It's just a recommendation.
12 MR. CAMPBELL (By Interpreter):
13 Okay. I understand. I'm only saying what they said
14 but we need that information.
15 MS. BEAUREGARD: I agree.
16 It's optional, I think, for DMS to do it. I don't
17 think there's anything that would require DMS to
18 share that information with us but I think it would
19 be a useful way for us to have input and make those
20 communications more effective for Medicaid's
21 benefit.
22 MR. SHANNON: And it may solve
23 some problems.
24 MS. BEAUREGARD: Yes, and
25 prevent problems more than even solve them. So,

1 that's the thinking behind it.

2 The next one that I jotted
3 down is that DMS get CMS approval in writing
4 regarding the KI-HIPP cost-sharing for in-network
5 ESI providers who do not take Medicaid, also up-
6 front premium payment requirement and whether being
7 disenrolled from KI-HIPP or losing Medicaid
8 eligibility must be considered a qualifying event,
9 so that we get in writing from CMS their opinion or
10 approval related to those pieces of KI-HIPP.

11 Does anyone want to second
12 that recommendation?

13 MR. CAMPBELL: Aye.

14 MS. BEAUREGARD: Okay.

15 Arthur. Thank you. All in favor, say aye.

16 Opposed, aye. Okay. It passes.

17 And, then, I will save
18 something about copays until our next meeting after
19 we've had a chance to do a little bit more digging
20 into potential providers that might be the problem
21 providers.

22 And, then, the same with EMT
23 unless you have thoughts on that, Miranda, since we
24 need to kind of go back and look at the
25 recommendation.

1 MS. BROWN: I agree that we
2 should save that also.

3 MS. BEAUREGARD: Do either of
4 you, Arthur or Miranda, have other thoughts on
5 recommendations?

6 MS. BROWN: I want to clarify
7 a previous recommendation that we made. We had
8 previously recommended that all written
9 communication that a person receives be in their
10 requested language but also provided in English for
11 the purpose of consumer assistance.

12 And, then, DMS' response did
13 not really seem like they understood why we were
14 requesting that. So, I thought we should revise
15 that recommendation.

16 MS. BEAUREGARD: Yes, let's do
17 that. Do you have language?

18 MS. BROWN: So, I think it
19 should say that a person receive information in
20 their requested language and also--I think what we
21 need to clarify is the part about written
22 communication, that any notice----

23 MS. BEAUREGARD: Received
24 written----

25 MS. BROWN: That any written

1 notice that a----

2 MS. BEAUREGARD: That written
3 notices are provided in the requested--that when
4 written notices are provided----

5 MS. BROWN: ----are provided
6 in the requested language other than English, that
7 they also be provided in English so that Cabinet
8 staff and application assisters can fully understand
9 the communication. Does that make sense?

10 MS. BEAUREGARD: Yes. We
11 recommend that DMS provide written notices and
12 the----

13 MR. SHANNON: Or when written
14 notices are requested.

15 MS. BEAUREGARD: In the
16 requested language, as well as English. And,
17 Sharley, do you understand what we're recommending
18 because this was a point of confusion before. I'm
19 not sure who responded to that particular
20 recommendation.

21 MS. HUGHES: What was the
22 response?

23 MS. BROWN: The response was
24 that communication is sent to members that is
25 available online in both English and Spanish like

1 open enrollment packets but that's not what we are
2 asking about. We're asking that any notice that a
3 consumer receives like an eligibility notice or an
4 RFI, any notice, that if they receive it in Spanish,
5 for instance, that they also receive it in English
6 or that it's also generated in English so that
7 anybody assisting them can fully understand the
8 notice as well, whether or not they understand that
9 language.

10 MS. HUGHES: I mean, we'll
11 have to check. I don't know if the system can do
12 that. They can get it in English but, then, they
13 can't understand it. So, I'm not sure how the
14 system--you can just make the recommendation and
15 we'll have to respond.

16 MS. BEAUREGARD: Knowing what
17 the system is capable of doing would be helpful, but
18 I think that it was maybe misunderstood the first
19 time. So, the problem is that when Miranda is
20 assisting somebody who speaks another language, if
21 they requested notices in Spanish or French----

22 MS. BROWN: You can only get
23 the notice in Spanish actually.

24 MS. BEAUREGARD: ----or any
25 language, so, in Spanish, that the notice also come

1 with an English translation or just the original
2 English version.

3 MS. BROWN: Even when I
4 understand because I speak Spanish, if I talk to
5 somebody at DCBS, they'll pull up the notice.
6 They'll be like, well, what does the notice say and
7 I'll tell them what it says and they will pull it up
8 and they'll be, like, well, I can't read this.

9 MS. BEAUREGARD: So, even
10 state workers aren't able to. So, I have that we
11 recommend that DMS provide written notices in the
12 recipient's requested language as well as English so
13 that anyone assisting that individual can read the
14 notice in English. Does that sound correct?

15 MS. BROWN: I think it's more
16 clear than the last time.

17 MS. BEAUREGARD: We can change
18 it.

19 MS. BROWN: I wasn't sure if
20 we should clarify Cabinet staff and application
21 assisters. I guess it can be more broad than that,
22 too, such as. I'm not sure.

23 MS. BEAUREGARD: I'm so much
24 better at writing it out and thinking about it, but
25 we recommend that DMS provide written notices in the

1 recipient's requested language as well as English so
2 that anyone assisting the individual, and, then, you
3 can put in parenthesis, such as a state worker or
4 application assister, can read the notice in
5 English.

6 MS. BROWN: Yes.

7 MS. BEAUREGARD: Can I get a
8 second?

9 MR. CAMPBELL: Aye.

10 MS. BEAUREGARD: Thank you,
11 Arthur. And, then, all in favor? Anyone opposed?
12 That one passes.

13 Arthur, did you have any other
14 recommendations?

15 MR. CAMPBELL: No.

16 MS. BEAUREGARD: Thank you,
17 everyone.

18 Our next Consumer TAC meeting
19 is October 15th at 1:30. We do have it currently
20 scheduled to be here. If we can find a location,
21 potentially P&A, or if we can have video
22 conferencing just to make it easier for folks to
23 participate, we might do that; and if we do, we'll
24 make sure that information gets out.

25 And, then, the next MAC

1 meeting, just so everyone is aware, is September
2 26th at 10:00 in the Capitol Annex where it always
3 is.

4 We're adjourned.

5 MEETING ADJOURNED
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